

2008 Full-time Medical Plans Comparison

	Kaiser	Kaiser Added Choice			Providence Choice		Regence BCBSO		Samaritan Select	
Provider Type	HMO	HMO	Network	OON**	Network	OON**	Network	OON**	Network	OON**
Individual OOP* Max	\$600	\$600	\$1,500	\$2,500	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000
Family OOP Max	\$1,200	\$1,200	\$4,500	\$7,500	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Individual lifetime max	No limit	No limit	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million
Type of Service — You pay										
Primary care office	\$5	\$10	\$20	30%	\$5	30%	15%	30%	\$10	30%
Specialist office	\$5	\$10	15%	30%	\$5	30%	15%	30%	\$10	30%
X-ray and lab	\$0	\$0	15%	30%	\$0	30%	15%	30%	\$0	30%
Preventive Care¹										
Health appraisal	\$0	\$0	\$0	30%	\$0	30%	\$0	30%	\$0	30%
Well-child exam	\$0	\$0	\$0	30%	\$0	30%	\$0	30%	\$0	30%
Women's exam	\$5	\$10	\$15	30%	\$0	30%	\$10	30%	\$0	30%
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing exams	\$5	\$10	15%	30%	\$5	30%	15%	30%	\$10	30%
Cancer screens	\$0	\$0	15%	30%	\$0	30%	\$0	30%	\$0	30%
Hospital²										
Ambulance	\$75	\$75	30%	30%	\$75	\$75	15%	30%	\$75	\$75
Inpatient/day Max	\$50 \$250/ admit	\$100 \$500/yr	15%	30%	\$50 \$250/ admit	30%	15%	30%	\$100 \$500/yr	30%
Outpatient	\$5	\$10	15%	30%	\$5	30%	15%	30%	\$10	30%
Emergency dept	\$75	\$75	\$75	\$75	\$75	\$75	15%	30%	\$75	\$75
Surgery²										
Inpatient/day Max	\$50 \$250/ admit	\$100 \$500/yr	15%	30%	\$50 \$250/ admit	30%	15%	30%	\$0	30%
Outpatient Office	\$5	\$10	15%	30%	\$5	30%	15%	30%	\$10	30%
Maternity Care										
Prenatal, delivery, postpartum	\$0	\$0	15%	30%	\$0	30%	15%	30%	\$10	30%
Mental Health, Chemical Dependency²										
Inpatient & resident/day max	\$50 \$250/ admit	\$100/ \$500/yr	15%	30%	\$50 \$250/ admit	30%	15%	30%	\$100 \$500/yr	30%
Outpatient	\$5	\$10	15%	30%	\$5	30%	15%	30%	\$10	30%
Other³										
Hearing aids	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Diabetic supplies, insulin	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment	\$0	\$0	\$0	\$0	15%	30%	15%	30%	15%	30%
Alternative Care	\$10	\$15	\$15	\$15	\$10	\$10	30%	30%	\$15	\$15
Physical Therapy	\$5	\$10	15%	30%	\$5	30%	15%	30%	15%	30%

SECTION 3
Healthcare Plans

¹ Plans cover preventive services, including screenings, on schedules and in age ranges determined by the plan.

² Plans may require prior authorization, pre-certification or a treatment plan.

³ Plans may place limits on type, number, frequency, source or maximum coverage of services or devices. Plans may also limit the benefit to (or offer a better benefit for) use of plan or network facilities or resources.

* OOP = Out of Pocket

** OON = Out of Network